ALL ABOUT LIFE REHAB CENTER

115 EAST ARNDT STREET

FOND DU LAC Phone: (920) 923-7040 Ownership: Corporati on 54935 Operated from 1/1 To 12/31 Days of Operation: 366 Highest Level License: Skilled Operate in Conjunction with Hospital? No Operate in Conjunction with CBRF? Yes Number of Beds Set Up and Staffed (12/31/00): 125 Title 18 (Medicare) Certified? Yes Total Licensed Bed Capacity (12/31/00): 133 Average Daily Census: 117 Number of Residents on 12/31/00: 116

Services Provided to Non-Residents	Age, Sex, and Primary Diagn	Length of Stay (12/31/00)	%					
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year	37. 9	
Supp. Home Care-Personal Care	No					1 - 4 Years	43. 1	
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	7.8	More Than 4 Years	19. 0	
Day Services	Yes	Mental Illness (Org./Psy)	25. 9	65 - 74	9. 5			
Respite Care	Yes	Mental Illness (Other)	0. 9	75 - 84	42. 2		100. 0	
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	32. 8	****************	******	
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.9	95 & 0ver	7.8	Full-Time Equivalen	t	
Congregate Meals No Cancer		Cancer	0.0			Nursing Staff per 100 Re	si dents	
Home Delivered Meals	ome Delivered Meals No Fractures		13.8		100.0	(12/31/00)		
Other Meals	No	Cardi ovascul ar	0.0	65 & 0ver	92. 2			
Transportation	No	Cerebrovascul ar	13.8			RNs	13. 4	
Referral Service	No	Di abetes	0.0	Sex	%	LPNs	9. 6	
Other Services	Services No Respiratory		2. 6			Nursing Assistants		
Provi de Day Programming for		Other Medical Conditions	42. 2	Male	31. 0	Aides & Orderlies	44. 2	
Mentally Ill	No			Female	69. 0			
Provide Day Programming for			100.0					
Developmentally Disabled	No		a ala ala ala ala ala ala ala		100. 0		ale ale ale ale ale ale ale ale	

Method of Reimbursement

		Medi	care		Medio	ai d											
	(Title 18)		((Title 19)			Other 1		P	Private Pay			Manage	Percent			
			Per Die	em		Per Die	m		Per Die	m		Per Dien	n		Per Diem	Total	Of All
Level of Care	No.	%	Rate	No.	%	Rate	No.	%	Rate	No	. %	Rate	No.	%	Rate	No.	Resi dents
Int. Skilled Care	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0%
Skilled Care	18	100. 0	\$329.05	54	85. 7	\$105.05	0	0. 0	\$0.00	18	52. 9	\$143.00	1	100. 0	\$295.00	91	78. 4%
Intermediate				9	14. 3	\$87. 82	0	0.0	\$0.00	16	47. 1	\$133.00	0	0. 0	\$0.00	25	21.6%
Limited Care				0	0.0	\$0.00	0	0. 0	\$0.00	0	0.0	\$0.00	0	0. 0	\$0.00	0	0.0%
Personal Care				0	0. 0	\$0.00	0	0. 0	\$0.00	0	0.0	\$0.00	0	0. 0	\$0.00	0	0.0%
Residential Care				0	0. 0	\$0.00	0	0. 0	\$0.00	0	0.0	\$0.00	0	0. 0	\$0.00	0	0.0%
Dev. Di sabl ed				0	0. 0	\$0.00	0	0. 0	\$0.00	0	0.0	\$0.00	0	0. 0	\$0.00	0	0.0%
Traumatic Brain Inj	j. 0	0.0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0.0	\$0.00	0	0. 0	\$0.00	0	0.0%
Ventilator-Depender	nt 0	0.0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0.0	\$0.00	0	0. 0	\$0.00	0	0.0%
Total	18	100. 0		63 1	100. 0		0	0.0		34	100. 0		1	100.0		116	100.0%

ALL ABOUT LIFE REHAB CENTER

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Admissions, Discharges, and		Percent Distribution	of Residents'	Condi t	ions, Services	s, and Activities as of $12/$	31/00
Deaths During Reporting Period							
				9	% Needi ng		Total
Percent Admissions from:		Activities of	%	Ass	sistance of	% Totally	Number of
Private Home/No Home Health	7. 0	Daily Living (ADL)	Independent	0ne	Or Two Staff	Dependent	Resi dents
Private Home/With Home Health	1.0	Bathi ng	6. 0		78. 4	15. 5	116
Other Nursing Homes	1.0	Dressi ng	14. 7		69. 8	15. 5	116
Acute Care Hospitals	91.0	Transferri ng	23. 3		51. 7	25. 0	116
Psych. HospMR/DD Facilities	0.0	Toilet Use	25. 9		52. 6	21. 6	116
Rehabilitation Hospitals	0.0	Eati ng	63. 8		23. 3	12. 9	116
Other Locations	0.0	***************	******	*****	*********	*********	*******
Total Number of Admissions	199	Continence		%	Special Trea	ntments	%
Percent Discharges To:		Indwelling Or Externa	al Catheter	1.7	Recei vi ng	Respiratory Care	0. 9
Private Home/No Home Health	41.5	0cc/Freq. Incontinent	of Bladder	50. 9	Recei vi ng	Tracheostomy Care	0. 0
Private Home/With Home Health	11.3	0cc/Freq. Incontinent	of Bowel	37. 9	Recei vi ng	Sucti oni ng	0. 9
Other Nursing Homes	10.8				Recei vi ng	Ostomy Care	0. 9
Acute Care Hospitals	8. 2	Mobility			Recei vi ng	Tube Feeding	1. 7
Psych. HospMR/DD Facilities	0. 5	Physically Restrained	i	6. 9	Recei vi ng	Mechanically Altered Diets	14. 7
Rehabilitation Hospitals	0.0						
Other Locations	7. 7	Skin Care			Other Reside	ent Characteristics	
Deaths	20.0	With Pressure Sores		9. 5	Have Advar	nce Directives	97. 4
Total Number of Discharges		With Rashes		0.9	Medi cati ons		
(Including Deaths)	195				Recei vi ng	Psychoactive Drugs	47. 4
********	******	********	*****	*****	*****	***********	*****

	Ownershi p		ershi p:	Bed	Size:	Li c	ensure:		
	Thi s	Proj	pri etary	100-	199	Ski l	lled	Al l	
	Facility	Peer	Group	Peer Group		Peer Group		Facilities	
	%	%	Ratio	%	Ratio	%	Rati o	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	88. 0	83. 7	1.05	86. 4	1. 02	87. 0	1. 01	84. 5	1.04
Current Residents from In-County	78. 4	75. 1	1.04	79.8	0. 98	69. 3	1. 13	77. 5	1.01
Admissions from In-County, Still Residing	12. 6	18. 7	0. 67	23.8	0. 53	22. 3	0. 56	21.5	0. 58
Admissions/Average Daily Census	170. 1	152. 8	1. 11	109. 7	1. 55	104. 1	1. 63	124. 3	1. 37
Discharges/Average Daily Census	166. 7	154. 5	1. 08	112. 2	1.49	105. 4	1. 58	126. 1	1. 32
Discharges To Private Residence/Average Daily Census	88. 0	59. 1	1.49	40. 9	2. 15	37. 2	2. 37	49. 9	1.77
Residents Receiving Skilled Care	78. 4	90. 6	0. 87	90. 3	0.87	87. 6	0.90	83. 3	0.94
Residents Aged 65 and Older	92. 2	95. 0	0. 97	93. 9	0. 98	93. 4	0. 99	87. 7	1.05
Title 19 (Medicaid) Funded Residents	54 . 3	65. 4	0. 83	68. 7	0. 79	70. 7	0.77	69. 0	0. 79
Private Pay Funded Residents	29. 3	23. 2	1. 26	23. 2	1. 26	22. 1	1. 32	22.6	1.30
Developmentally Disabled Residents	0. 0	0.8	0.00	0.8	0. 00	0. 7	0. 00	7. 6	0.00
Mentally Ill Residents	26. 7	31. 4	0.85	37. 6	0.71	37. 4	0.71	33. 3	0.80
General Medical Service Residents	42. 2	23. 2	1.82	22. 2	1. 90	21. 1	2.00	18. 4	2. 29
Impaired ADL (Mean)	46. 0	48. 9	0. 94	49. 5	0. 93	47. 0	0. 98	49. 4	0. 93
Psychological Problems	47. 4	44. 1	1.08	47.0	1.01	49. 6	0. 96	50. 1	0. 95
Nursing Care Required (Mean)	3. 7	6. 5	0. 56	7. 2	0. 51	7. 0	0. 52	7. 2	0. 51